STATE PERSONNEL BOARD OFFICE OF TRAINING

Training Registration Form

Administrative Support Certification Program, Basic Supervisory Course Program, & Certified Public Manager Program

Check One: (Note: P	Please check only or	FOR SPB USE ONLY			
Administrative Support Certification Program (ASCP) o Level II o Level III					
o Basic Supervisory Course Program (BSC)					
Certificate in Supervisory Management (CSM) o Level I o Level III Certified Public Manager (CPM)					
o Level IV o Level VI o CSM/CPM Reactivation (Activity must accompany reactivation application.)					
PREFERRED SESSION DATES					
FIRST CHOICE: (1				EE: (Note: For BSC indicate session number)	
PARTICIPANT INFORMATION					
Dr. /Mr. /Ms. /Mrs.	Last Name:		Name:	Middle Initial:	
Name Preferred on	Name Card:				
Social Security Number:			Home Telephone Number:		
Home Address:			Zip Code:		
	E	MPLOYMENT	INFORMA	TION	
			Division or Facility (If applicable):		
Work Address:		Zip Code:		Email Address:	
Job Title:		Work Number:		Fax Number:	
Are you a Supervisor? o Yes o No		Years in Government:		Years in Current Job:	
	rmation is collect	ted to compile statistica	l reports. You A	RE NOT legally obligated to provide this	
Racial/Ethnic o White o Black o Oriental o Other			Sex:	o Male o Female	
Highest Level of Education Completed: O Diploma or GED o Vo-Tech School o Some College o College Degree o Graduate Courses o Graduate Degree			Special Services Needed:	o Interpreter o Wheelchair Entrance o Braille o Other	

BILLING INFORMATION				
Agency/Organization/Division:				
To the Attention of:	Telephone Number:			
Address:	Zip Code:			
SAAS Agency Number:	Fund Code:			
Please Note! Written cancellations must be received in the Office of Training two weeks prior to your scheduled class or your agency will be billed! If you are attending an agency sponsored session, you must give your agency coordinator at least two weeks notice to make a cancellation and/or substitution.				
APPROVAL SIGNATURES				
Applicant Signature:	Date:			
Supervisor Approval:	Date:			
Organization Approval/Certifying Official:	Date:			
Organization Training Coordinator:	Date:			
• •	g is committed to the principle of affirmative action and shall not			

MAIL/HANDMAIL ADDRESS: State Personnel Board Office of Training

Robert G. Clark, Jr. Building 301 North Lamar Street, Suite 203

Jackson, MS 39201

FAX NUMBER: (601) 359-2717

veteran's status in its admission, facility and program accessibility or services.

Please refer to the State Personnel Board website at <u>www.spb.state.ms.us</u> for more information.

Administrative Support Certification Program

Julia Summers, CPM (601) 359-2799 – ASCP Program Coordinator jsummers@spb.state.ms.us

Basic Supervisory Course Program

Dianne Macon, CPM (601) 359-2723 – BSC Program Coordinator dmacon@spb.state.ms.us

Certified Public Manager Program

Jennifer Parker Sledge, CPM (601) 359-4115 – CPM Program Director <u>jsledge@spb.state.ms.us</u>

Shondra Houseworth, MBA (601) 359-2715 – CPM Program Coordinator shouseworth@spb.state.ms.us